FORM D

AR 1 2007

UNITED STATES / SECURITIES EXCHANGE COMMISSION Washington D.C. 20549

Washington D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL

OMB Number: 3235-0076 Expires: April 30, 2008 Estimated average burden

hours per response...16.00



Name of Offering (check if this is an amendment and name has changed, and indicate cl	nange.)
Eureka II, L.P. offering of Limited Partnership Interests in the aggregate principal amount of	of up to \$128,050, 000 (UCESSE)
Filing Under (Check box(es) that apply): Rule 504 Rule 505 X Rule 506 Section Section 1.	on 4(6) ULOE
Type of Filing: New Filing Amendment	MAR 2 1 2807
A. BASIC IDENTIFICATION DATA	MAR 2 1 2007
Enter the information requested about the issuer	# THOMSON
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	/
Eureka II, L.P.	FINANCIAL
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
770 Township Line Road, Suite 150, Yardley, PA 19067	(267) 238-4218
Address of Principal Business Operations (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
(if different from Executive Offices)	
Paint Description of Business	
Brief Description of Business The Issuer will invest in small, well managed companies with revenues less than \$75 million.	an and concretly, loss than \$50 million
The Issuer will invest in small, well-managed companies with revenues less than \$75 million	of and generally, less than \$50 fillinon
Type of Business Organization	
	lease specify): real estate investment trust
·	•
☐ Business trust ☐ limited partnership, to be formed	
Month Year	
Actual or Estimated Date of Incorporation or Organization: 0 7 0 4 X Actual	☐ Estimated
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for S	
CN for Canada; FN for other foreign jursidicat	1 1 1
Civior Canada, Tivior other foreign jursidical	

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6). 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION-

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.



A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promotor of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Eureka Growth Capital II, L.P. Business or Residence Address (Number and Street, City, State, Zip Code) 770 Township Line Road, Suite 150, Yardley, PA 19067 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or **Managing Partner** Full Name (Last name first, if individual) Calibeo, Thomas E. Business or Residence Address (Number and Street, City, State, Zip Code) 770 Township Line Road, Suite 150, Yardley, PA 19067 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Hanssens, Christopher G. Business or Residence Address (Number and Street, City, State, Zip Code) 770 Township Line Road, Suite 150, Yardley, PA 19067 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Zimbalist, Jonathan R. Business or Residence Address (Number and Street, City, State, Zip Code) 770 Township Line Road, Suite 150, Yardley, PA 19067 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Commonwealth of Pennsylvania State Employees' Retirement System Business or Residence Address (Number and Street, City, State, Zip Code) 30 North Third Street, Suite 150, Harrisburg, PA 17101-1716 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer ☐ General and/or Managing Partner Full Name (Last name first, if individual) Berwind Investors LLC Business or Residence Address (Number and Street, City, State, Zip Code) 1105 Market Street, Suite 1450, Wilmington, DE 19899 Check Box(es) that Apply: ☐ Promoter ☒ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) The Honeywell International Inc. Master Retirement Trust Business or Residence Address (Number and Street, City, State, Zip Code) 50 S. LaSalle Street, Chicago, IL 60675

A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promotor of the issuer, if the issuer has been organized within the past five years: Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Siguler Guff Small Buyout Opportunities Fund, LP Business or Residence Address (Number and Street, City, State, Zip Code) 825 Third Avenue, New York, NY 10022 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)

<u> </u>					B. INFOR	MATION	ABOUT O	FFERING				
1.	Has the issue	ersold ordo	es the issuer	intend to se	ell to non-a	credited in	vestors in th	nis Afferina?			-	Yes No
••	1140 1110 1354	5014, 01 40	es the issuer					ling under U		*****************	***************************************	
2.	2. What is the minimum investment that will be accepted from any individual?											
3.	Does the off	ering permit	ioint owners	hin of a sin	gle unit?							Yes No
4.	Enter the inf	ormation req	uested for ea	ich person v	vho has bee	n or will be	paid or give	en, directly	or indirectly	, any comn	nission or si	milar remuneration
	for solicitation	on of purchas	sers in conne	ection with a	sales of secu	rities in the	offering. I	f a person to	be listed in	an associa	ted person o	or agent of a broker ons to be listed are
	associated pe	ersons of suc	h a broker or	dealer, you	i may set for	es, list the rth the infor	mation for	that broker of	ueaier. 11 n or dealer on	nore tnan 1: ly.	ve (5) pers	ons to be listed are
Full	Name (Last i	ame first, if	individual)					•			. ==	
	ymann, A. C						itt J.					
	iness or Resid				•	ip Code)						
	Old King's Hi			arien, CI	J682U							
	lory Capital C		Douis.									
	es in Which P									1.01		
(Cho	cck "All State	s" or check in	ndividual Sta	ates)			***************************************				L	All States
[AL	.] [AK]	[AZ]	[AR]	[CA]	[CO]	CT	[DE]	[DC]	[FL]	[GA]	[НІ]	[ID]
[IL]		[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	MA	[M]	MN	[MS]	[MO]
[M]		[NV]	[NH]	<u>NJ</u>	[NM]	NX	[NC]	 [ND]	ОH	[OK]	[OR]	<u>PA</u>
[RI]	[SC]	[SD]	[TN]	TX]	[UT]	VT]	[VA]	[WA]	[WV]	[W1]	[WY]	[PR]
Full	Name (Last r	ame first, if	individual)									·
Busi	iness or Resid	ence Addres	s (Number a	nd Street, C	ity, State, Z	ip Code)					-	
Nan	ne of Associat	ed Broker or	Dealer									· · · · · · · · · · · · · · · · · · ·
	es in Which P											
(Che	eck "All State	s" or check in	ndividual Sta	ates)				•••••				All States
(AL	.] [AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[M]		[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full	Name (Last r	ame first, if	individual)						•			
Busi	ness or Resid	ence Addres	s (Number a	nd Street, C	ity, State, Z	ip Code)		<u>.</u> ,		· · · · · · · · · · · · · · · · · · ·		· ···
Nam	ne of Associat	ed Broker or	Dealer									
												
	es in Which P eck "All State								• • • • • • • • • • • • • • • • • • • •	•••••		All States
[A 1] [AV]	ſ A '71	[AD1	[CA]	(CO)	(CT)	(DE)	וחכז	(Et 1	[CA]	fun	(וע)
(AL (IL)		[AZ] [IA]	[AR] [KS]	[CA] [KY]	[CO] [LA]	[CT] [ME]	[DE] [MD]	[DC] [MA]	[FL] [MI]	[GA] [MN]	[HI] [MS]	[ID] [MO]
[M]		[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[MA] [ND]	[OH]	[OK]	[OR]	[PA]
[RI]		[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
				- •	- •	- •						

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

^{*} The General Partner reserves the right to waive the minimum investment requirement.

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.					
	Type of Security		gregate ing Price	Aı		t Already old
	Debt	\$	0	\$		0
	Equity			\$		
	☐ Common ☐ Preferred			_		
	Convertible Securities (including warrants)	\$	0	\$		0
	Partnership Interests	\$ 128	3,050,000	\$	128,0	50,000
	Other (Specify)	\$	0	\$		0
	Total	\$ 128	3,050,000	<u>\$</u>	128,0	50,000
	Answer also in Appendix, Column 3, if filing under ULOE.					
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."					
					Aggre	
			ımber of			r Amount
		ini	vestors	0	t Pui	rchases
	Accredited Investors		39		\$128	050,000
	Non-Accredited Investors			-	\$	0
				,		
	Total (for filings under Rule 504 only)	··· —		\$	<u> </u>	
	Answer also in Appendix, Column 4, if filing under ULOE.					
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C – Question 1.					
	T		ype of	Do		Amount
	Type of Offering	5	ecurity		So	la
	Rule 505		N/A	\$		
	Regulation A		N/A	φ <u>_</u>		
	Rule 504		N/A	\$_ \$		
				¥ <u></u>		
	Total		N/A	\$		
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			_		
	Transfer Agent's Fees				\$	
	Printing and Engraving Costs.			_	<u>*</u> —	17,659
	Legal Fees			_	\$	240,000
	Accounting Fees				\$	1,800
	Engineering Fees			_	\$	0
	Sales Commissions (specify finders' fees separately)				\$	0
	Other Expenses (identify) Filing and administrative expenses			Ŗ	<u> </u>	23,000
	Total			_	\$	282,459

	C. OFFERING PRICE, NUM	IBER OF INVESTORS, EXPENSES	AND USE OF PROCEEDS	
	b. Enter the difference between the aggregate offering total expenses furnished in response to Part C – Questo the issuer."	stion 4.a. This difference is the "adjusted	d gross proceeds	\$127.767.541
5.	Indicate below the amount of the adjusted gross preach of the purposes shown. If the amount for any pubox to the left of the estimate. The total of the payn the issuer set forth in response to Part C – Question 4	arpose is not known, furnish an estimate nents listed must equal the adjusted gro	and check the	
			Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees			<u>\$ 0</u>
	Purchase of real estate		\$ <u>0</u>	□ \$ <u> </u>
	Purchase, rental or leasing and installation of ma	achinery and equipment s	\$ <u>0</u>	. 🗆 \$ 0
	Construction or leasing of plant buildings and fa	acilities	\$ <u>0</u>	. 🗆 \$
	Acquisition of other businesses (including the v Offering that may be used in exchange for the a issuer pursuant to a merger)	ssets or securities of another	\$ <u>0</u>	
	Repayment of indebtedness		s <u>0</u>	□ \$ <u>0</u>
	Working capital		\$ <u>0</u>	X \$125,206,541
	Other (specify)			
			<u>\$</u> 0	□ <u>\$</u> 0
	Column Totals		\$2,561,000	\$125,206,541
	Total Payments Listed (column totals added)		× \$12	27,767,541
		D. FEDERAL SIGNATURE		
sig	e issuer has duly caused this notice to be signed by the nature constitutes an undertaking by the issuer to fur primation furnished by the issuer to any non-accredited	he undersigned duly authorized person mish to the U.S. Securities and Excha	nge Commission, upon writte	
lss	uer (Print or Type)	Signature 1 9 11	Date	<u> </u>
	reka II, L.P.	Interty I. Ha	March 1	<u>a</u> . 2007
Na	me of Signer (Print or Type)	Title of Signer (Print or Type)		
Ch	ristopher G. Hanssens	President of Eureka Growth C		

- ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

^{**} Represents the maximum annual management fee payable based on the commitments represented by the limited partnership interests sold through the

date hereof. The management fee is payable out of offering proceeds and/or operating income.

5 of 8

	E. STATE SIGNATU	JRE	_				
1.			Yes	No ☑			
	See Appendix, Column 5, for se	ate response.					
See Appendix, Column 5, for state response. 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (1 C.F.R. 239.500) at such times as required by state law. 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees. 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limite Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied. The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person. Issuer (Print or Type) Signature Bate March 2, 2007 Title (Print or Type)							
3.							
Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption							
		aused this notice to be signed on its behalf	hy the und	ersigned			
Iss	Issuer (Print or Type)	Date					
	v ///	March	<u>6</u> , 2007				
Na	Name (Print or Type) Title (Print or						
Ch	partner of E	President of Eureka Growth Capital II, LLC, which is the general partner of Eureka Growth Capital II, L.P., which is the general partner of Eureka II, I.P.					

Instructions:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

1		2	3			4			5 lification		
	non-ac- investor	to sell to credited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
				Number of Accredited		Number of Non-Accredited					
State	Yes	No		Investors	Amount	Investors	Amount	Yes	No		
AL											
AK											
AZ											
AR							 -				
CA											
СО											
СТ		х	Limited Partnership Interests/ \$128,050,000	ı	\$200,000	0	0		х		
DE		х	Limited Partnership Interests/ \$128,050,000	2	\$15,150,000	0	0		х		
DC											
FL			<u></u>					<u> </u>			
GA							·				
HI											
ID											
IL		х	Limited Partnership Interests/ \$128,050,000	2	\$20,250,000	0	0		x		
IN								ļ			
IA								<u> </u>			
KS	ļ								-		
KY									ļ		
LA							••				
ME									ļ		
MD			Limited Dartnership								
MA		Х	Limited Partnership Interests/ \$128,050,000	5	\$4,390,000	0	0		х		
MI											
MN											
MS											
МО											

APPENDIX

1		2	3			4			5 lification		
	non-ac investor	to sell to credited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
				Number of		Number of Non-Accredited					
State	Yes	No		Accredited Investors	Amount	Investors	Amount	Yes	No		
MT											
NE											
NV											
NH				-							
NJ		х	Limited Partnership Interests/ \$128,050,000	4	\$900,000	0	0		х		
NM											
NY		х	Limited Partnership Limited Partnership Interests/ \$128,050,000	9	\$55,750,000	0	0		x		
NC											
ND											
ОН		x	Limited Partnership Interests/ \$128,050,000	2	\$1,100,000	0	0		x		
ок											
OR											
PA		х	Limited Partnership Interests/ \$128,050,000	12	\$27,810,000	0	0		х		
RI											
SC											
SD											
TN		x	Limited Partnership Interests/ \$128,050,000	1	\$500,000	0	0		X		
TX											
UT											
VT											
VA									<u> </u>		
WA											
WV											
WI											
WY											
PR											

*** \$2,000,000 was offered and sold in Barbados to one investor who met the criteria to be considered an accredited investor.